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Owner: Donna Martin: Director Compliance
Policy Area: Institutional Compliance
References:

Disposal of PHI

Scope

All University of Texas Health Science Center at Tyler (the "University") faculty, staff, students, volunteers, and any other contractors or agents granted access to Protected Health Information (PHI).

Purpose

To describe how the University will dispose of information containing PHI.

POLICY

PHI may only be disposed of by means that assure that it will not be accidentally released to an outside party. Managers must assure that appropriate means of disposal are reasonably available and operational. PHI includes all individually identifiable health information transmitted or maintained by the University, regardless of form; e.g., patient name, address, telephone number, social security number, etc.

Disposal

All personnel must strictly observe the following standards relating to disposal of hard-copy and electronic copies of PHI:

1. PHI must not be discarded in trash bins, unsecured recycle containers or other publicly accessible locations. Instead, this information must be personally shredded or placed in a secured bin.
2. Printed material and electronic data containing PHI must be disposed of in a manner that ensures confidentiality.

It is the individual's responsibility to ensure that PHI has been secured or destroyed. It is the supervisor's responsibility to ensure that their employees are adhering to the policy.

For some official University records, documentation of destruction may be required. The Records Management Official should be contacted prior to destruction.

Destruction of Convenience Copies and Original Documents (Day-to-Day Destruction)

The University will provide users with access to shredders or secured bins for proper disposal of confidential printouts containing PHI.

The user may elect to use either method of destruction (personal destruction or document securing), as long

as the destruction is in accordance with this policy. In addition to this policy, original documents shall be destroyed in accordance with IHOP Record Retention.

Electronic Copies

Secure methods will be used to dispose of electronic data and output. The Information Technology (IT) department is responsible for the destruction of electronic copies containing PHI. All users will take electronic media containing PHI or sensitive data, including hard drives, to the IT Help Desk for destruction in accordance with IHOP Eradication of Data Stored on Electronic Media.

Hard-copy (Bulk Destruction)

Secure methods will be used to dispose of hard-copy data and output.

1. PHI printed material will be shredded and recycled by a firm specializing in the disposal of confidential records, or be shredded by an employee of the University authorized to handle and personally shred the PHI.
2. Microfilm or microfiche must be cut into pieces or chemically destroyed.
3. After documents have reached their retention period, all PHI must be securely destroyed using the University record retention process governing destruction of records.
4. If hard-copy PHI (paper, microfilm, microfiche, etc.) cannot be shredded, it must be incinerated or destroyed in another method as approved by the Office of Compliance. Please contact the Office of Compliance for further guidance.

Documentation of Destruction

1. To ensure that it is in fact performed, authorized University personnel or an insured destruction service must carry out the destruction of PHI.
2. The insured destruction service will provide the University with the documentation of destruction, containing:
 - A. Date of destruction; and
 - B. Method of destruction.
3. Accounts Payable will maintain the destruction documentation with copies of the invoices.

Enforcement

All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary action process, up to and including termination.

Notwithstanding anything to the contrary herein, this policy shall at all times be interpreted to comply with HIPAA, HITECH and applicable Texas laws, rules and regulations.

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
	Kirk Calhoun: President/Prof of Medicine	01/2017

Step Description	Approver	Date
Executive Cabinet	Carol Davis: Executive Assistant, Senior	01/2017
Office of Legal Affairs	Terry Witter: VP, Legal Affairs/ChiefLegalOf	01/2017
Faculty Senate	Julie Philley: Assoc Prof Of Medicine	01/2017
	Donna Martin: Exe Dir Compliance	01/2017

Applicability

UTHealth

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